

10 Bullet Points for the De Conditioned Obese Client

C/- Bronwyn Adams-Hooper – NZ Award Winning PT of the Year 2012

1. Do not presume just because they have made contact with you that they are ready to exercise. They may be in the contemplation stage. Finding out how exercise and you as a trainer work. If you presume they are ready for action when they are contemplating action you will scare them off, or re-enforce negative beliefs they may already have around exercise.
2. You may think working your clients hard is what they pay you for. However with the de conditioned this might be the last thing that will benefit them. Many times I have seen a trainer work a client hard for 30 minutes which has meant the client cannot move well, or have energy for the rest of the day. The reality of this situation is the client might actually end of doing less in total because you are training them.
3. Realise there is a high chance the person before you thinks you are weird! You like exercise. You like to push your body to hurts. You like the post work out soreness. They don't. Often they are very disconnected from their body and get frightened when they start to get physical sensations, they do not understand them. Help them make this reconnection gently.
4. It is bloody hard work being big, especially big and unfit. Everything takes longer, everything takes more effort, remember this. You might want them to stand for a whole session, that actually might be a big progression for them.
5. Take it incredibly slowly, let the client want more, ask for more. This will build the confidence they need. This instead of pushing the client so they always feel they are not quite achieving.
6. Realise there will be body mechanical issues happening. Ever noticed how some bigger people walk? How they transfer weight from side to side. Many reasons for it, make sure you know why for the client in front of you. Is it because their thighs rub so they have to have legs further apart? Does it help them feel more stable? Has their weight changed their Q angle?

If there is rapid weight loss do you understand the consequences from a muscle, fascia structural point of view? For example an obese woman who has carried a lot of weight around her lower abdominal area may lose the weight from there and find she has pelvic floor issues. For the adipose tissue had been helping support her slings. Not sure in this area? Then get support from physio's and doctors for help.

7. Understand that if the underlying reason that it has been acceptable for this person to become this size is not dealt with or at least acknowledge long term change will be difficult. There has been a benefit to being big for this person; they might not at first want to admit it or even understand it. However it has to be faced. If this feels outside your scope of practice, link with a well qualified life coach or therapist who can help.
8. More than any client they will need close monitoring of progress. They will often not be able to see the progress that has been made. Do not rely solely on weight or girth measurements. Have all areas of life covered so they can see the positives to what they are undertaking and achieving.
9. Body Dysmorphia is a huge issue. It is rare that anyone truly sees their body size and shape as it is. Even more so the obese, you may find the person in front of you has no understanding of how big they are, or the other extreme is they will think they are bigger. Beware of this and help them get to feel their body and encourage 5 minutes of body sensing each day so they get more in tune with their body.
10. Finally help them have fun, take them on adventures, let them dream big dreams and then slowly help them achieve them. Get them to connect with nature it helps.

Bronwyn Adams-Hooper is a Level 2 Certified Precision Nutrition Coach and also has a cooking school and nutritional coaching service. She runs two workshops, 'Garden to Plate' and 'Nutrition to Power Performance'.

Her next workshop is June 11th at 9.30 am in Darfield.

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